



MaineCare Services

An Office of the
Department of Health and Human Services

Paul R. LePage, Governor

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Department of Health and Human Services
MaineCare Services
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Attn: Nursing Facility Administrators

You are receiving this notice because you are a nursing facility that receives MaineCare payments from the Maine Department of Health and Human Services ("DHHS"). As such, you are required by federal and state law to identify residents of your facility who are *known or suspected* of having a "related condition." This term is defined below:

Persons with related conditions means individuals who have a severe, chronic disability that meets all of the following conditions:

- (a) It is attributable to--
 - (1) Cerebral palsy or epilepsy; or
 - (2) Any other condition, other than mental illness, found to be closely related to mental retardation because this condition results in impairment of general intellectual functioning or adaptive behavior similar to that of mentally retarded persons, and requires treatment or services similar to those required for these persons.
- (b) It is manifested before the person reaches age 22.
- (c) It is likely to continue indefinitely.
- (d) It results in substantial functional limitations in three or more of the following areas of major life activity:
 - (1) Self-care.
 - (2) Understanding and use of language.
 - (3) Learning.
 - (4) Mobility.
 - (5) Self-direction.
 - (6) Capacity for independent living.

42 C.F.R. § 435.1010. *See also* MaineCare Benefits Manual Section 67.01-27.

All residents are required to have a Preadmission Screening and Resident Review ("PASRR") Level I screen prior to or at admission. Nursing facilities are also required to perform a PASRR Level I screen for each resident if there is a significant change in the resident's mental or physical condition. MaineCare Benefits Manual Section 67.05-1(C). The form to use for the PASRR Level I screen is attached to this notice. Please be advised that the attached form is new and may not have been used at the time of the resident's admission.

If you *suspect* a resident of your facility may be a person with a related condition who has not received the updated PASRR Level I screen that included the definition of related condition, DHHS requests that you screen that resident using the attached form. If you *know* a resident of your facility is a person with a

related condition DHHS requests that you notify its contractor, APS Healthcare, as well as DHHS at the following address:

Gary Wolcott
DHHS
11 State House Station
Augusta, ME 04333-0011